

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Southern District of New York
(State)

Case number (if known): Chapter 7

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name TransCare Corporation

2. All other names debtor used in the last 8 years
Include any assumed names, trade names, and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 7 5 - 2 5 2 8 3 8 1

4. Debtor's address

| Principal place of business | | Mailing address, if different from principal place of business |
|-----------------------------|------------------|---|
| 1 | MetroTech Center | |
| Number | Street | Number Street |
| | | P.O. Box |
| Brooklyn | NY 11201 | |
| City | State ZIP Code | City State ZIP Code |
| Kings | | Location of principal assets, if different from principal place of business |
| County | | |
| | | Number Street |
| | | See Schedule 1 |
| | | City State ZIP Code |

5. Debtor's website (URL) http://transcare.com/

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor TransCare Corporation
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6 2 1 9

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9

☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☐ No

☒ Yes. Debtor See Schedule 2 Relationship _____
District _____ When _____
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor TransCare Corporation
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property? _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input checked="" type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input checked="" type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

| | | | |
|--------|------------------------------|------------------------|-------|
| Debtor | <u>TransCare Corporation</u> | Case number (if known) | _____ |
| | <small>Name</small> | | |

| | | | |
|---------------------------|--|--|--|
| 16. Estimated liabilities | <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| | <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| | <input type="checkbox"/> \$100,001-\$500,000 | <input checked="" type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| | <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING – Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/24/2016
MM / DD / YYYY

X


Signature of authorized representative of debtor

Peter Wolf

Printed name

Title Chief Operating Officer

18. Signature of attorney

X


Signature of attorney for debtor

Date

2/24/16
MM / DD / YYYY

L.P. Harrison 3rd

Printed name

Curtis, Mallet-Prevost, Colte & Mosle LLP

Firm name

101 Park Avenue

Number Street

New York

City

NY

State

10178-0061

ZIP Code

212-696-6000

Contact phone

lharrison@curtis.com

Email address

1944313

Bar number

NY

State

TransCare Corporation
Line 4

Schedule 1

Location of Principal Assets

Baltimore, MD
Brooklyn, NY
Mt. Vernon, NY
Poughkeepsie, NY
Wappinger Falls, NY
West Chester, NY
White Plains, NY

TransCare Corporation
Line 10

Schedule 2

List of Affiliated Debtors

1. TransCare Corporation
2. TransCare New York, Inc.
3. TransCare ML, Inc.
4. TC Ambulance Group, Inc.
5. TransCare Management Services, Inc.
6. TCBA Ambulance, Inc.
7. TC Billing and Services Corp.
8. TransCare Westchester, Inc.
9. TransCare Maryland, Inc.
10. TransCare Harford County, Inc.
11. TC Ambulance North, Inc.

CERTIFICATE OF RESOLUTIONS

I, Lynn Tilton, do hereby certify that: (a) I am the sole member of the Board of Directors of each of the following Delaware corporations, (i) TransCare Corporation; (ii) TransCare New York, Inc.; (iii) TransCare ML, Inc.; (iv) TC Ambulance Group, Inc.; (v) TransCare Management Services, Inc.; (vi) TCBA Ambulance Inc.; (vii) TC Billing and Services Corp.; (viii) TransCare Westchester, Inc.; (ix) TransCare Maryland, Inc.; (x) TC Ambulance North, Inc.; and (xi) TransCare Harford County, Inc. (collectively, the "TransCare Entities", and each a "TransCare Entity"); (b) the following resolutions were duly adopted by the Boards of Directors of the TransCare Entities as of the dates set forth below, in accordance with the requirements of Delaware corporation law; and (c) said resolutions have not been amended, modified or rescinded and are in full force and effect as of the date hereof:

On February 24, 2016, the TransCares Entities, at a meeting of each TransCare Entity's Board of Directors, adopted the following resolutions:

RESOLVED, that in the judgment of the Board of Directors, it is in the best interest of the Corporation, as well as its creditors, employees, subsidiaries, and other interested parties, that there be a liquidation of the Corporation by and through the filing of a voluntary petition by the Corporation for protection under chapter 7 of title 11 of the United States Code (a "Chapter 7 Bankruptcy"), and the Corporation, therefore, hereby consents to, approves, and ratifies such Chapter 7 Bankruptcy filing; and it is further

RESOLVED, that Peter Wolf (the "Authorized Officer") is, authorized, empowered, and directed, as Chief Operating Officer of the Corporation, to execute and verify a petition in the name of the Corporation (and each of its subsidiaries) under chapter 7 of title 11 of the United States Code and to cause such petition to be filed in the United States Bankruptcy Court for the Southern District of New York in a form and at a time as the Authorized Officer shall determine; and it is further

RESOLVED, that any person dealing with the Authorized Officer in connection with any of the foregoing matters shall be conclusively entitled to rely upon the authority of such Authorized Officer and by such Authorized Officer's execution of any instrument, certificate, notice, or document, which shall be a valid and binding obligation of the Corporation enforceable in accordance with its terms; and it is further

RESOLVED, that, in addition to the specific authorizations contained in these resolutions, the Authorized Officer may take any action and conduct any transaction in his judgment that is necessary, appropriate, or advisable in order to carry out fully the intent and purpose of the foregoing resolutions; and it is further

RESOLVED, that all acts lawfully done or actions lawfully taken by the Authorized Officer prior to the adoption of these resolutions with respect to matters contemplated by these resolutions are adopted, ratified, confirmed, and approved in all respects as the acts and deeds of the Corporation.

It is understood and acknowledged that the undersigned is executing this Certificate not in an individual capacity but solely in her capacity as a director of each of the TransCare Entities and is without any personal liability as to the matters contained in this Certificate.

[Signature page follows]

IN WITNESS WHEREOF, the undersigned has executed this Certificate in the name of
and on behalf of the TransCare Entities this 24th day of February, 2016

By: 

Lynn Tilton
Director